Effective October 1, 2003 10 7 9 6360												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT												
T	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	27 .					RATE	FEE] . [RATE	·FEE
F	OR		NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	7-7 minus 20=		. 7			XS 9=		OR	X\$18=	126
IN	DEPENDENT C	LAIMS	5 minus 3'=		. 9-			X43=		OR	X86=	112
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		1	+290=	 `
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1068
CLAIMS AS AMENDED - PART II									ـــا	JOR	OTHER	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	
AMENDMENT A	2-12-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHESY NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE
MON	Total	. 26	Minus	- á	7	•		X\$ 9=	0	OR	X\$18=	
AME	Independent			900	5	•		X43≈		OR	X86=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								YOYA	-		YOTAL ADDIT, FEE	
A		(Column 1)		(Colum	m 2)	(Column 3)	. ?	DUII. PEC	-		ADDII. FEE	
AMENDMENT B	7-31-07	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	Independent • 3 Mi		Minus ••• 5		.0	П	X\$ 9=		OR	X\$18=	0
	Independent							X43≈ ·		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM .									OR	+290=	
										OR	YOYAL VOOIT, FEE	\bigcirc
		(Column 1)		(Colum		(Column 3)			٠			
AMENDMENT C	`	REMAINING AFTER AMENDMENT	•	NUMBI PREVIOU PAID P	er Jsly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus			•	F	X43=		OR	X86=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT GLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
***	f the "Highest Nu	mber Previously Pai mber Previously Pai	d For IN TH	S SPACE is	less that	n.3, enter "3." ·		ON. FEE		. , ;	DOIT, FEE	
		ber Previously Paid	rer (local d	· woopeneen	m) in page	IIAMION IIIIIION	HALIFIT .		- Characte CCI	in coa		

Application or Docket Number